



# WASTECON 2001 DoD REGISTRATION FORM

October 15-18, 2001, Baltimore, Maryland

**This form is for use by DoD organizations only (active duty members and civil service employees only)**

**Please indicate your position (O Code\*):**

- A. ☐ Owner, Planner, Director  
 B. ☐ Manager, Operator  
 C. ☐ Supplier  
 D. ☐ Other

**Please indicate your level of buying power (Z Code\*):**

- A. ☐ Identify the Need  
 B. ☐ Recommend Purchase  
 C. ☐ Specify the Product  
 D. ☐ Make Final Decision  
 F. ☐ No Role in Purchasing

**Please check the box/boxes which best describe the equipment/services you are most interested in seeing at WASTECON 2001 (Add Code\*):**

- A. ☐ Carts, Containers  
 B. ☐ Collection/Hauling Equip., including Recycling Trucks and Trailers, Truck Bodies, Truck Chassis and Packer Bodies  
 C. ☐ Composting Equipment  
 D. ☐ Computer Systems/Software  
 F. ☐ Construction Services  
 G. ☐ Environmental/Engineering Services  
 H. ☐ Financial Services  
 I. ☐ Landfill Equip./Accessories  
 J. ☐ Odor Control Equip.  
 K. ☐ Processing (Balers, Compactors, Conveyors, Shredders)  
 L. ☐ Recycling Systems  
 M. ☐ Safety Equip.  
 N. ☐ Scales  
 O. ☐ Solid Waste Services/Service Provider  
 P. ☐ Transfer Trailers  
 Q. ☐ Waste-to-Energy Systems  
 R. ☐ Other

**Please check your industry sector (Event Code\*):**

- C. ☐ U.S. Army  
 D. ☐ U.S. Navy  
 F. ☐ U.S. Marine Corps  
 G. ☐ U.S. Air Force  
 H. ☐ U.S. Coast Guard  
 I. ☐ Defense Logistic Agency

**PAYMENT POLICY:** SWANA accepts cash, checks, money orders, Mastercard, Visa, Discover, Diner's Club, and AMEX for all events. Purchase orders must be sent with the registration. Purchase orders for invoicing will be accepted from individuals who have been Members of SWANA for at least 90 days and who have an account in good standing. A copy of all Purchase Orders must be sent with the registration. Registrants who have not made billing arrangements prior to the events must pay on site (or have provided credit card information) before they will be admitted. If you must process a request for payment, please do not delay in registering or reserving space at the Hotel. Send in your forms; indicate on this form that attendance has been approved and that payment is being processed.

**CANCELLATION AND REFUND POLICY:** Cancellation for SWANA meetings must be made in writing. Phone cancellations will not be accepted. Refunds will be based on the date of receipt of the written cancellation and will be issued as follows: 30 days or more prior to the start date of the event: 100% of the registered amount less a \$50 administrative fee; 14-29 days prior to the start date of the event: 75% refund of the full registered amount (a minimum administration fee of \$50 will be charged on all registered amounts less than \$200); less than 14 days prior to the start date of the event: no refund, 50% credit for the full registered amount may be issued toward future SWANA meetings.

**We invoice for no-shows!** Failure to notify SWANA of your intent to cancel prior to the start date of the event will result in being invoiced for the full registered amount and credit will not be issued.

☐ SWANA Member # \_\_\_\_\_ ☐ Non Member ☐ New Membership Included

Name \_\_\_\_\_ Nickname for badge \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Mailing code from label \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

If using credit card, credit card will not actually be charged until October 1, 2001 is complete. By signing below, you will agree to the Cancellation and Refund Policy below. At the time of cancellation, your credit card will be charged if there are cancellation fees owed.

☐ Please check for dietary or special needs and attach information

Please check if you are a ☐ speaker ☐ moderator

## MEMBERSHIP: JOIN SWANA TODAY!

**TOTAL**

### Check one

Public ☐ \$119

Private ☐ \$279

All prices in US Dollars

Day

Early (before 9/14/01)

Late (after 9/14/01) and on-site

### Registration Packages

Registration Package Mon thru Thurs

**\$295**

**\$395**

1 Day Registration (circle day) M / T / W / Th

**\$155**

**\$205**

### Training Courses

Princ. Of Man. IMSW Systems Sun thru Tues

**\$575**

**\$625**

Managing MSW Recycling Systems Sun thru Tues

**\$575**

**\$625**

Managing MSW Collection Sun thru Tues

**\$575**

**\$625**

Man. Tran. Station Des. & Oper. Sun thru Tues

**\$575**

**\$625**

Recyc. Of C&D Materials Sun thru Tues

**\$575**

**\$625**

Landfill Gas Sys. Oper. & Main. Sun thru Mon

**\$435**

**\$485**

Operational Issues for Landfill Managers Sun thru Mon

**\$435**

**\$485**

Collection Efficiency Wkshp. Sun

**\$235**

**\$285**

All 3 Business Courses (noted with \*) Sun thru Tues

**\$635**

**\$675**

Strategic Outsourcing\* Sun

**\$235**

**\$285**

Dev. MSW Bus. Svc., Mktg. Plan\* Mon

**\$235**

**\$285**

Paying for Your MSW Mgt. Sys\* Tues

**\$235**

**\$285**

SW Manager's Workshop Mon

**\$235**

**\$285**

Certification Testing Fee Wed

**\$125**

**\$125**

### Facility Tours

Tour 1 Mon

**\$75**

Tour 2 Mon

**\$75**

Tour 3 Mon

**\$75**

### Special Events (some are included in package – please check page 20 for further information)

Sunday Family Tour Sun

**\$55**

Monday Family Event Mon

**\$0**

Opening Reception Mon

**\$35**

Opening Breakfast Tues

**\$25**

Wednesday Teambuilding Wed

**\$55**

Excellence Awards Luncheon Thurs

**\$30**

Awards Banquet Thurs

**\$50**

Proceedings

**\$65**

### Total Amount Due

**\$**

**PAYMENT ACKNOWLEDGMENT:** By signing this registration form I acknowledge that I have read and accepted the payment and refund policies listed in this brochure. Further, I understand that if I fail to appear that I or my organization will still be responsible for the total charges due.

MAIL THIS REGISTRATION FORM TO:

SWANA, PO Box 7219,  
 Silver Spring, MD 20907-7219 or fax to 301-585-0297 (credit card or purchase order required).

**\* Form must be signed to be accepted.**

## PAYMENT METHOD:

☐ Check Enclosed. Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ US Dollars

☐ Bill Me. Purchase Order # \_\_\_\_\_ (Purchase order must accompany registration form. Purchase orders are accepted from members only (see payment policy).)

☐ Mastercard ☐ Visa ☐ Discover ☐ AMEX Credit Card ☐ Diners Club

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_